



C.S.

HAWAII STATE ETHICS COMMISSION  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Taun	R.	Malia	696-6321
MAILING ADDRESS (Street)			FAX
85-670 Farrington Hwy #8,			696-5809
(City)	(State)	(Zip Code)	
Wai'anae	HI	96792	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Legal Aid Society of Hawaii			696-6321
MAILING ADDRESS (Street)			FAX
same as above			696-5809
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Legal Aid Society of Hawaii			696-6321
MAILING ADDRESS (Street)			FAX
85-670 Farrington Hwy #8			696-5809
(City)	(State)	(Zip Code)	
Wai'anae	HI	96792	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Wayne Keawe			5278014
MAILING ADDRESS (Street)			FAX
924 Bethel Street			5278088
(City)	(State)	(Zip Code)	
HON	HI	96813	

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Agriculture                              | <input checked="" type="checkbox"/> Education            | <input checked="" type="checkbox"/> Human Services                          | <input type="checkbox"/> Science, Technology & Economic Development                                       |
| <input type="checkbox"/> Communications & Public Utilities        | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation   |
| <input type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Culture, Arts, Historic Preservation     | <input type="checkbox"/> Health                          | <input type="checkbox"/> Planning, Land & Water Use Management              | <input checked="" type="checkbox"/> Other: (indicate below)<br><u>poverty issues</u><br><u>Family Law</u> |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing              | <input type="checkbox"/> Public Safety & Corrections                        |   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

R. Malia Oaun

(Signature of Lobbyist)

1/28/05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

M. Nalani Fujimori

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Deputy Director

NAME OF ORGANIZATION (if applicable)

Legal Aid Society of Hawaii

TELEPHONE

5364302

MAILING ADDRESS (Street)

924 Bethel St.

FAX

5278088

(City)

HON

(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

R. Na [Signature]

(Signature of Authorizing Officer or Person Represented)

1/31/05

(Date)